



FAC 51 - Accident Benefit Worksheet Effective July 1, 2026 - V 1.0

Company Number:		FA Claim Number:		Company Name:		Company Claim Number:	
Date Form is Completed:		Reporting Period Form Pertains To:		Completed By:			
Claimant Name:		Dependents:		Gender:		Occupation:	
Date of Birth:		Underwriting Jurisdiction:		Priority:			
Marital Status:		WSIB/WCB: Yes No					
Position in Described Vehicle: Driver Passenger Pedestrian TP Vehicle Occupant Cyclist Other Please Explain:		Endorsments:		Date of Loss (mm/dd/yyyy):			
Optional Benefits:		Carrier Counsel Firm:		Annual Income:			
Claimant Counsel Law Firm:		Carrier Counsel Lawyer Name:		Employment Status:			
Claimant Counsel Lawyer Name:							
Nature & Extent of Initial Injuries:							
Collateral Benefits Available:							
Time In Hospital:		Medical Interventions/Treatment:					
Current Status of Claimant:							
Ontario Accident Benefits In Force: OMPP Bill164 Bill 59 Bill 403/96 Bill 34/10 2010 Bill 34/10 2014 Bill 34/10 2016 Bill 34/10 2026							
Disability Income Weekly Benefit Calculation: Income Replacement Benefit Non-Earner Benefit Caregiver Benefit							
Gross = \$ 70% of Gross=\$ Policy Maximum = \$		Monthly CPP-D & LTD Being Received: \$					
\$ x % = \$ Less Collaterals \$ = \$ x weeks = \$		Applied for CPP-D Yes No In Dispute					
Meets Post 104 Definition: Yes No In Dispute		HST Included Below: Yes No					
Meets Catastrophic Definition: Yes No In Dispute							
Tabular Reserves Yes No If Yes \$							
OCF-19 Expected: Yes No OCF-19 Received? Yes No							
Section 31 Exclusions: Yes No In Dispute							
Section 53 Material Misrepresentations: Yes No In Dispute							
LAT Application Received: Yes No In Dispute							
Loss Transfer Applicable: Yes No In Dispute							
		Paid To Date		Reserves		Total Closed	
Disability Income Weekly Benefit -----		\$		\$		\$	
Caregiver Benefit (Dependent Care) \$ x weeks		\$		\$		\$	
Attendant Care Benefit \$ x months		\$		\$		\$	
Housekeeping \$ x weeks		\$		\$		\$	
Medical (include transportation and Section 25 assessments) -----		\$		\$		\$	
Rehabilitation Expenses -----		\$		\$		\$	
Visitor Expenses Benefits -----		\$		\$		\$	
Clothing Expenses Benefits -----		\$		\$		\$	
Death Benefits -----		\$		\$		\$	
Funeral Benefits -----		\$		\$		\$	
Legal Expenses -----		\$		\$		\$	
Cost of Section 44 Examinations and Section 25 Catastrophic Assessments -----		\$		\$		\$	
If CAT - Case Management Expenses -----		\$		\$		\$	
Total Accident Benefits		\$		\$		\$	
Please provide details of any issues that are in dispute.							
Please provide details on Present Values and Annuity Quotes on CAT.							